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APPLICANTS

Pamela T. Manning, Labadie, MO;  
 Jane R. Connor, St. Louis, MO;

\*\* CONTINUING DATA \*\*\*\*\*  
 This appln claims benefit of 60/400,660 08/02/2002

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED  
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Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature <i>PS</i> Initials	STATE OR COUNTRY MO	SHEETS DRAWING 0	TOTAL CLAIMS 33	INDEPENDENT CLAIMS 2
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ADDRESS

Pharmacia Corporation  
 Corporate Patent Department  
 P.O. Box 1027  
 Chesterfield, MO  
 63006

TITLE

Methods for treatment and prevention of gastrointestinal conditions

FILING FEE  RECEIVED 1114	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue )
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